



Patient Information

This form may be shared, we encourage you to make copies for friends and family.

First Name:		Last Name:	
Email Address:		Mailing Address:	
City:		State:	ZIP:
Phone (day):		Phone (other):	
Gender (m/f):	Date of Birth:	Weight (lbs):	
Secondary Contact:		Relationship to you:	Phone:
Would you like web access to your Patient Profile?:		If yes, choose an account password (case sensitive):	
Yes <input type="radio"/>		No <input type="radio"/>	

Are you under the active care of a Personal Physician?:

Please give details below. Only your doctor's name and phone number are mandatory.

Yes

No

Doctor's Name:			Address:	
City:	State:	ZIP:	Phone:	Fax:
License Number:			Please indicate any food or drug allergies:	

Patient Authorization Agreement

Jan Drugs, Inc. ("**Jan Drugs**") is committed to helping ensure that I, the undersigned patient ("**Customer**"), am able to obtain medication and product ("**Product**") from licenced dispensaries. This *Patient Authorization Agreement* ("**Agreement**") shall govern all sales of Product facilitated by Jan Drugs between the Customer and one of Jan Drugs' authorized dispensaries located in Canada, the United Kingdom, Barbados and/or the United States (collectively, "**Pharmacy**"):

"The Customer is the age of majority; and

- The Customer is fully competent to make his or her own health care decisions and has obtained any prescription(s) for the Product in a lawful manner.
- The Customer is aware of the potential side effects and/or problems associated with the Product and understands that it would be a violation of the law to falsify any information provided to Jan Drugs, including any information on the *Jan Drugs Prescription Form* ("**Prescription Form**"). The Customer is solely responsible for any adverse effects that he or she may suffer from taking or continuing to take the Product in the event that the Customer has failed to fully furnish his or her complete and accurate medical history and/or if he or she fails to notify Jan Drugs of any change in his or her physical or medical condition.
- Jan Drugs is located in the country of Canada. The Customer appoints Jan Drugs to act as his or her agent and attorney in order to take all steps that it deems necessary to have the Product dispensed by the Pharmacy, including: (a) obtaining a valid prescription for the Product, if necessary; and (b) packaging the Product and delivering it to the Customer. This authorization may be revoked by the Customer at any time and shall continue until such revocation has been provided to Jan Drugs, in writing.
- The Product is sold and dispensed by the Pharmacy in accordance with the laws of the jurisdiction in which the Pharmacy is located. Title to the Product passes from the Pharmacy to the Customer when the Product leaves the Pharmacy.
- Any and all physicians and/or pharmacists ("**Providers**") retained by Jan Drugs in order to obtain the Product from the Pharmacy are located and licensed to practice in the jurisdiction in which they are located. Any treatment that the Customer receives from the Providers shall be deemed to be received by the Customer in the jurisdiction in which the Providers are located.
- Any and all agreements reached or contracts formed and transactions undertaken with or involving the Pharmacy are and shall be deemed to be made in the jurisdiction of the Pharmacy and shall be governed by the laws of the jurisdiction of the Pharmacy applicable to such contracts, agreements and transactions. The Courts of that jurisdiction shall have sole and exclusive jurisdiction over any dispute that may arise between the Customer and the Pharmacy and the Customer agrees to attorn to the Courts of that jurisdiction for any and all such dispute or disputes.

- Non-prescription Product can be returned if unopened and undamaged. Unopened prescription Product may be returned for exchange or a full account credit. Any damaged or defective Product is fully refundable. No prescription Product is resold after being returned.

I HAVE READ AND UNDERSTAND THE FORGOING TERMS AND I AGREE THAT THEY SHALL BE BINDING UPON ME AND MY HEIRS, ASSIGNS, SUCCESSORS AND PERSONAL REPRESENTATIVES."

OR

"I am the parent/legal guardian/power of attorney for the Customer disclosed herein, am over the age of majority, and have full authority to sign for and provide the above representations to Jan Drugs on the Customer's behalf."

Date Signed:
Patient Signature:

Ordering prescription drugs from Jan Drugs is a simple process. To help us serve you better and protect your health please fill out all the forms carefully and completely. If you prefer you may complete your order online at www.jandrugs.com.

Three Step Process

- Contact us for the exact price of your medication. Please call us toll free at 1-866-39J-DRUG (1-866-395-3784) or visit www.jandrugs.com.
- Complete your order form and medical questionnaire.
- Send your completed order form along with your prescription to us by mail, fax or web form. Fax toll free 1-866-412-3784 or mail to Jan Drugs, 24 Terracon Place, Winnipeg, MB, R2J 4G7

Confidentiality and Use of Information

All information you provide to Jan Drugs will remain confidential and be used to create your medical record. A Canadian physician will review your medical questionnaire. We may contact your physician if additional information is required. Please be thorough and use extra paper if necessary.

Shipping and Processing

Processing your order takes two to four business days once we have received all your information, and shipping takes seven to ten days. If you have not received your order within two weeks, please contact us. If you have not received your medications three weeks after shipping we will either refund your payment or reship the order. If your prescriptions are coming from both Canada and Jan Drugs International, they will be shipped separately but arrive at approximately the same time.

Medications Currently Being Taken

(not ordered from Jan Drugs)

Medication Taken	Dosage	Frequency

Medications Being Ordered

Medication Name	Strength	Quantity	Price
Shipping			FREE
Combine another order for shipping?:			Total Cost (in US funds):
Yes <input type="radio"/> No <input type="radio"/>			

Payment Method

- Visa
 MasterCard
 Personal Check
 or Money Order (included with form)

Cardholder Name:

Credit Card Number:

Expiry Date:

CVV Number:

Signature:

Generics

At Jan Drugs, we strive to maximize your savings by filling your prescription with generic medications wherever possible. If a lower priced generic is deemed substitutable by Manitoba Health, we will substitute it for your requested product unless your prescription is written "No Substitutions". Please call us if you would like more information about the benefits of generics, or ask your doctor.

Yes, I would like to use generic medications wherever possible to maximize my savings.

No, thank you. I understand this may cause a delay in processing my order if my doctor needs to be contacted for a non-substitutable prescription.

Quantities and Refills

International customs permits a maximum 3 month (100 day) supply of your medication to be mailed to you from Canada. You may have Jan Drugs refill your medication if your prescription allows these refills, and you have send us your original prescription. Once you have used up your refills, you must submit a new prescription. To ensure that your medications are still needed and appropriate, we will only honor refills for one year.

Medical History

- Cancer
- Lung Disorders
- Glaucoma
- Heart Disease
- Environmental Allergies
- Kidney or Renal Disease
- Diabetes
- Food Allergies
- Seizures
- High Blood Pressure
- Arthritis, Osteoporosis
- Blood Disorders
- High Cholesterol
- Emotional Disorders
- Smoker
- Liver Disease
- Other

Please provide details regarding checked boxes:

International orders for greater than a 3 month (100 day) supply will be automatically adjusted to 3 months (100 days).

All patients receiving prescriptions from a Manitoba licensed pharmacy are entitled to counselling for their medications.

Have you been taking the medications you are ordering for the past 30 days?

Yes No

We recommend ordering a smaller supply for new medications because of the higher chance of side effects.

All medications will be dispensed in child safe packaging unless otherwise specified. Do you decline child safe (child resistant) packaging for your order?

Decline